Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH											THAN	
TOTAL CLAIMS			(Column 1)		(Colur	(Column 2)		TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	] [	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20= *		*			X\$ 9=		OR	X\$18=	•
INDEPENDENT CLAIMS			minus 3 = *		*			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2	į	TOTAL		OR	TOTAL	TK
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Column 2) (Column 3)				SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u>*</u>	Minus	**	-	=		X\$ 9=_		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	***	CL AIM	=		X40=	: <del>-</del>	OR	X80=	5 LL 44 E
┞┈	rino) rhese	INTATION OF IN	JETIPLE DEF	\	CLATIVI		ı	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	ŧ -
(Column 1) (Column 2) (Column 3)												# > .
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	_	OR	X80=	<u> </u>
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM		IJ	+135=		OR	+270=	
							ı	TOTAL			TOTAL	
ADDIT.										OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F O1 A 114	=		X40=		OR	X80=	·····
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE												
	The "Highest Nun	nber Previously Pa	id For" (Total or	Independ	ent) is the	highest numbe	er fou	ind in the app	propriate box	( in col	umn 1.	